BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO									'	*	7.1	ocket Num	nber
Effective December 29, 1999										0960	03	401	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									MALL TYPE	ENTITY	OR	OTHER	
FOR NUMBER FILED						NUMBER EXTRA			RATE	FEE	7	RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			minus 20=			. 10			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			6 minus 3 =			• 3			X39=		OR	X78=	224
MULTIPLE DEPENDENT CLAIM PRESENT							-			1		771	
* If the difference in column 1 is less than zero, enter "0" in column 2								L.	130=		OR	+260=	
								T	OTAL		OR	TOTAL	1107
(Column 1) (Column 2) (Column 3)						(Column 3)	S	MALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	f	RATE	ADDI-		RATE	ADDI- TIONAL FEE
	Total	. 3	50	Minus	••	30	=	,	(\$ 9=		OR	X\$18=	
	Independent	NTATIC	0	Minus	***	<i>Ø</i>	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=	
·									TOTAL		4	TOTAL	
(Column 1) (Column 2) (Column 3)									OIT. FEE	L	JOR .	ADDIT. FEE	
AMENDMENT B		CL	AIMS AINING			HIGHEST NUMBER				ADDI-	1		ADDI-
		AF	TER IDMENT		PR	REVIOUSLY PAID FOR	PRESENT EXTRA	, F	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•		Minus	**		=	>	(\$ 9=		OR	X\$18=	
	Independent	<u> </u>		Minus	•••		=	1	 (39=	<u> </u>	OR	X78=	
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEI	PEND	PENDENT CLAIM				1.	1.	· · ·	
			•	•				+	130=		OR	+260=	
						•		ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
_	en e		ımn 1) NMS	ACTUAL ACTUAL		olumn 2) IIGHEST	(Column 3)		_				
AMENDMENT C		REM/ AF	AINING TER DMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		= '	X	\$9≈ ·		OR	X\$18=	
	Independent	*		Minus	***		=	\vdash					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\vdash	39=		OR	X78=	
	* If the defects as bound to be a threat to the state of										OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
1	i the "Highest Nur The "Highest Num	mber Previ	viously Paid	ild For IN THI J For (Total or	S SPA Indep	CE is less tha endent) is the	n 3, enter "3." highest number l			propriate box			